



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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ccw

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)		(First)	(Middle)	TELEPHONE
ARAKAWA, Alan K.				808 548-4811
MAILING ADDRESS (Street)				FAX
P.O. Box 898900				808 548-2975
(City)		(State)		(Zip Code)
Mililani, Hawaii		96789		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
n/a				
MAILING ADDRESS (Street)				FAX
(City)		(State)		(Zip Code)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Castle & Cooke Waikoloa, LLC			808 548-4811
MAILING ADDRESS (Street)			FAX
P.O. Box 898900			808 548-2975
(City)		(State)	(Zip Code)
Mililani, HI		96789	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Harry A. Saunders			808 548-4811
MAILING ADDRESS (Street)			FAX
P.O. Box 898900			808 548-2975
(City)		(State)	(Zip Code)
Mililani, HI		96789	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

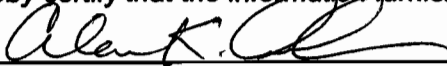
Health

Planning, Land & Water
Use ManagementOther: (indicate below)

_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1/10/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Harry A. Saunders

President

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Castle & Cooke Waikoloa, LLC

808 548-4811

MAILING ADDRESS (Street)

FAX

P.O. Box 898900

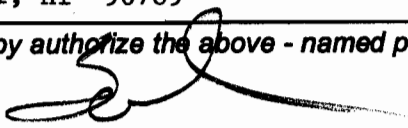
808 548-2975

(City)

(State)

(Zip Code)

Mililani, HI 96789

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

JAN 12 2006

(Date)